

Case Number:	CM14-0032002		
Date Assigned:	06/20/2014	Date of Injury:	09/22/2009
Decision Date:	07/21/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51 year old female with reported injury on 09/22/2009. The mechanism of injury was not provided. The injured worker had an exam on 01/27/2014 with complaints of chronic achy neck pain on a scale of 4/10 with medication and 8/10 without medication. She reported her pain radiates across the left upper back to the shoulder girdle. Her medication list consisted of Mobic, Vicodin, Flexeril and Lidoderm patches. Her exam revealed cervical flexion 40 degrees, extension 50 degrees, lateral bend 30 degrees, and rotation 50 degrees bilaterally. She had a negative spurlings test. Her diagnoses included degeneration cervical IV disc and unspecified disorder bursae tendons of shoulder. The plan of treatment was recommended to continue current medications, review injection strategies and encourage aerobic activity. The request for authorization and the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Botox injection for bilateral cervical,shoulder.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox Page(s): 25-26.

Decision rationale: The request for Botox injection bilateral cervical shoulder is not medically necessary. The California MTUS Guidelines do not recommend Botox for chronic pain disorders. The Botox injection is recommended for cervical dystonia. The injured worker has diagnoses of cervical disc degeneration and bursea to shoulder. There is no evidence of dystonia. There is no evidence that supports the need for Botox injections; therefore the request is not medically necessary.